

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561,644

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2		1						52					
3			1					53					
4			3	1				54					
5			1	0				55					
6			0	1				56					
7			0	0				57					
8			0	1				58					
9			1	0				59					
10			0	1				60					
11			1	0				61					
12	1							62					
13		0	1					63					
14		1	0					64					
15		0	1					65					
16		1	0					66					
17		0	1					67					
18		0	0					68					
19	1							69					
20		1						70					
21		1						71					
22		3	1					72					
23		0	1					73					
24		0	1					74					
25		1	0					75					
26	1							76					
27		1						77					
28		1	2					78					
29		0	1					79					
30		1	0					80					
31		0	1					81					
32		1	0					82					
33		0	1					83					
34		1	0					84					
35		1						85					
36		1	1					86					
37		1						87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	4							TOTAL IND.					
TOTAL DEP.	33	↔						TOTAL DEP.		↔			
TOTAL CLAIMS	37	↔						TOTAL CLAIMS		↔			

BEST AVAILABLE COPY